

ination. These conditions may cause isolation, a reason to estrange themselves from social life and suicide attempts.

The group experience is very helpful in the process of self-acceptance and to learn problem-solving, as it enables transgender people who hide their true identities in their daily lives to get together with other people who go through the same things as they do.

T04-P-01

Sex reassignment: comparing expert reports

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The present study draws from a previous research conducted in several Italian Courts. The present research explores how the expert reports are conducted on the sex reassignment. The Italian law 164/82 on the sex reassignment provides that the judge, where he considers appropriate, set an expert report. The expert can use several tools on the basis of his/her professional background.

Objective: The aim of this study is to highlight which psychological tests are used during the expert reports and to relate them with the different experts. For this aim Courts where request for sex reassignments were chosen and, in particular, those Courts where an expert report was present. Finally, the association between type of surgical intervention and type of test was examined.

Design and method: Archival data collection was used. Committed Courts were identified as well as different experts who reported the assessment along with instruments adopted.

Results: Correspondence analysis showed a different pattern of association among the several test and practitioners. The first dimension discriminated general personality tests from those specific, as well as psychiatrists and forensic scientist from psychologist. The second dimension separated qualitatively general personality tests from those with psychopathological framework.

Conclusions: Psychologists, forensic scientist and psychiatrists showed different profiles in using psychological tests for the issue. The analysis of spatial configuration highlighted that forensic scientist use more of psychopathological personality tests. Instead, psychiatrists seemed to use more general tests. Finally, psychologists, seemed to use more specific instruments related with the measurement of gender identity.

T04-P-02

A social and psychological view of transgenderism: measuring discrepancy group-person in the discrimination, self-esteem, optimism and big five in MtF

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Objective: At the Italian Institute of Scientific Sexology in Rome our team collected information on the adversity, emergencies and prejudices against transgenderism. The aim of this study was to determine the degree of perceived group-person discrimination, self-esteem and optimism among transsexual men and moreover, to measure the perceived discrimination in relation to self-esteem, Big Five and optimism in this clinical group.

Method: The study sample consisted of 100 individuals (including 30 MtF) by convenience sampling. Respondents were asked to complete a questionnaire with several measures, including perceived discrimination. In-group social interaction and Big Five were assessed with a measure for a fast screening of the Five Factor Model (FFM).

Results: Transsexual men reported greater perceived group discrimination but a smaller perceived person discrimination, according to the Discrepancy group-person discrimination theory. Preliminary results showed that the clinical population (N=30) differs significantly from the non clinical population (N=30 randomly selected). Significant predictors of perceived discrimination were found.

Conclusions: Seeing the procedure of the research in progress and evaluating the importance to give results only at the end of the pilot-study, we believe that in addition, it would be useful to illustrate the development of the study and the construction of the protocols. Discriminant Analyses are currently still in progress with a larger sample.

T04-P-03

Gender identity disorder and psychiatric comorbidity: a descriptive study

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Objectives: The presence of psychiatric comorbidity in patients with Gender Identity Disorder (GID) is still a matter of debate. In particular the relationship between Gender Identity Disorder and severe psychopathology is a vexed (non conosco questo termine) question.

The aim of this study is to investigate the presence of psychiatric comorbidity in a G.I.D. sample.

Materials and Method: Our sample was composed of 95 patients attending to CIDIGeM, a Public Health Service for GID people, to enter the program for Sex Reassignment Surgery.

According to international standard of care, all the patients underwent an accurate diagnosis about their gender disorder for 6 months, in order to investigate the comorbid psychiatric condition and to ascertain eligibility and readiness for hormone and surgical therapy.

We assessed all the patients with psychological and psychiatric interviews and particularly with Semi-Structured Clinical Interview (SCID I-II) to investigate Axis I-II disorders.

Results: Preliminary data don't show high rate of psychiatric comorbidity that is about 30% (especially for mild mood and anxiety disorder).

Conclusion: According to our results GID is an independent clinical condition, not necessary related to severe psychopathology. The psychiatric comorbidity is often a psychological reaction of to GID condition and it is not a contraindication to the gender reassignment.

T04-P-04

Effects of Testosterone Undecanoate (TU) administered alone or in combination with letrozole or dutasteride in Female to Male transsexuals (FtM)

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Introduction: The role of testosterone (T) and its metabolites, dihydrotestosterone (DHT) and estradiol (E), on different physiological functions is not completely known. Ovariectomized FtM T treated represent an interesting model to study the effects of T and its metabolites on different physiological functions.

In this study, TU 1000 mg (Nebido®) was injected in 15 FtM (week 0, 6, 18, 30 and 42) alone (n=5; group A) or in combination with dutasteride 5 mg/d (n=5; group B) or letrozole 5 mg/d (n=5; group C).

Results: Hormone, bone and metabolic parameters at baseline and at week 54 were:

TotalT (nmol/L) GROUP A 7.9±6.0, 13.6±2.6, GROUP B 7.1±6.3, 18.4±4.6, GROUP C 4.8±4.8, 18.2±4.2, baseline and wk 54 respectively.

E (pmol/L) GROUP A 64.4±43.4, 89.6±36.3, GROUP B 41.4±19.4, 76.0±47.4, GROUP C 37.8±23.1, 18.0±0.0* baseline and wk 54 respectively.

DHT (nmol/L) GROUP A 1.3±1.2, 2.2±0.9, GROUP B 1.0±0.7, 0.4±0.1*, GROUP C 0.9±0.7, 2.7±1.3 baseline and wk 54 respectively.

*= P<0.05% change vs group A

§= P<0.05 vs baseline

No significant changes of any parameters occurred except for bone mass density that significantly decreased in group C and lean mass that increased significantly less in group B as compared to group A. TU injections were well tolerated by all subjects.

Conclusions: This data suggests that TU is an optimal formulation for replacement in FtM that is well accepted and does not cause major problems. The aromatization of TU is important for maintenance of bone density while DHT may have a role in muscle mass maintenance.

T04-P-05

A case of crossdressing: transvestism or transsexualism?

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The authors present a case report of a 47 year old man, married, with children, with cross-dressing. Although he has always lived as a man, the cross-dressing behaviour, secretly, became more and more frequent. He had fetishistic arousal to cross-dressing.

Even though he doesn't seek the feminization of his body, he refers feeling like a woman, and when alone he assumes a female identity while cross-dressing. He has homosexual fantasies, and his sexual life with his wife is becoming more and more frustrating. In spite of all this, he doesn't want to live like a woman or obtain feminization by hormones or surgical intervention.

Along with the case report, the authors also try to formulate a discussion on differential diagnosis between transvestism and transsexualism and to make some considerations about the categorization of fetishistic cross-dressing in discrete clinical types.